

## SPECIAL PAYMENT TERMS

# SUPER-VITALITY INSTITUTE

800 BROAD STREET

NEWARK, NEW JERSEY, U. S. A.

HEALTH      DEVELOPMENT      STRENGTH      VIGOR

Date\_\_\_\_\_

I hereby enroll as a member for a complete personal course of instructions in Super-Vitality. In consideration of my membership, I agree to pay to the order of the Super-Vitality Institute the full membership fee, as outlined below. I have selected the payment plan that is most convenient to me, and will make payment accordingly.

Upon evidence that I have completed the course to the satisfaction of the Super-Vitality Institute, you will issue to me a Diploma.

I agree on my word of honor to do my utmost in following the instructions in order that I may succeed in getting the fullest degree of Health, Strength and Development. I also agree to hold for my personal use only, any, and all instructions received.

It is understood that you will refund my enrollment fee if, after following faithfully, conscientiously and persistently, the course in Super-Vitality, I have derived no benefits therefrom.

Name (Mr., Mrs., or Miss)\_\_\_\_\_

Address \_\_\_\_\_

City and State\_\_\_\_\_

Age\_\_\_\_\_ Occupation\_\_\_\_\_

PLAN A                      CASH PAYMENT                      \$25.00

I hereby enroll under Plan A, and herewith enclose the sum of \$25.00 in full payment for my course in Super-Vitality.

Name \_\_\_\_\_

PLAN B                      INSTALLMENT PAYMENTS                      \$27.00

\$17.00 with enrollment, \$10.00 within 30 days.

I hereby enroll under Plan B, and herewith enclose the sum of \$17.00 as first payment, and promise to pay the balance of \$10.00 within 30 days.

Name \_\_\_\_\_

PLAN C                      INSTALLMENT PAYMENTS                      \$28.00

\$10.00 with enrollment, \$6.00 within 15 days.

\$6.00 within 30 days, \$6.00 within 45 days.

I hereby enroll under Plan C, and herewith enclose the sum of \$10.00 as the first payment, and promise to pay the balance as follows:

\$6.00 within 15 days, \$6.00 within 30 days, and \$6.00 within 45 days.

Name \_\_\_\_\_

PLAN D                      INSTALLMENT PAYMENTS                      \$30.00

\$5.00 with enrollment, \$2.00 per week until balance is paid.

I hereby enroll under Plan D, and herewith enclose the sum of \$5.00 as the first payment, and promise to pay the balance at the rate of \$2.00 per week until paid in full.

Name \_\_\_\_\_

All payments should be made direct to the Super-Vitality Institute, Newark, N. J., U. S. A. Remittance should be made by Postal Money Order, Express Money Order, or Checks. Currency should be sent only by Registered Mail, to insure safe delivery.